

# TREATED WATER SAMPLING FIELD DATA SHEET

For use of this form, see TB MED 577; the proponent agency is OTSG.

1. SAMPLE ID		10. COLLECTOR'S PHONE NUMBER	
2. COUNTRY		11. COLLECTOR'S EMAIL	
3. LOCATION		12. PERCENT OF PERSONNEL EXPOSED <i>(Select one)</i> <input type="checkbox"/> 0 <input type="checkbox"/> < 10% <input type="checkbox"/> 10 < 25% <input type="checkbox"/> 25 < 50% <input type="checkbox"/> 50 < 75% <input type="checkbox"/> > 75%	
4. SITE			
5. OPERATION		13. EXPOSURE DURATION <i>(Select one)</i> <input type="checkbox"/> < 1 week <input type="checkbox"/> < 2 weeks <input type="checkbox"/> < 1 year <input type="checkbox"/> > 1 year	
6. SAMPLE DATE (YYYYMMDD)			
7. SAMPLE TIME		14. EXPOSURE NOTES	
8. COLLECTING UNIT			
9. COLLECTOR'S NAME			
15. WATER TYPE <i>(Select One)</i> <input type="checkbox"/> ROWPU <input type="checkbox"/> MUNICIPAL <input type="checkbox"/> DISINFECTED FRESH <input type="checkbox"/> BOTTLED		16. COLLECTION POINT <i>(Select all that apply)</i> <input type="checkbox"/> T - Tap/Faucet <input type="checkbox"/> B - water buffalo <input type="checkbox"/> WT - water tanker <input type="checkbox"/> WB - water blivet <input type="checkbox"/> DS - distribution system <input type="checkbox"/> TF - treatment facility <input type="checkbox"/> ROWPU	
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;">If water type is ROWPU, Municipal or Disinfected Fresh complete applicable fields below</div> <div style="width: 48%;">If water type is bottled complete these fields below</div> </div>			
15a. OPERATING UNIT	MANUFACTURER	17. WATER USE <i>(Select one)</i> <i>(If b, answer 18. If c, answer 18. and 19.)</i> <input type="checkbox"/> a. Primary Drinking <input type="checkbox"/> b. Secondary Drinking <input type="checkbox"/> c. Non-Drinking	
15b. SOURCE OF WATER	BOTTLING LOCATION		
15c. PRIMARY TREATMENT	BRAND	18. IDENTIFY THE PRIMARY DRINKING WATER SOURCE	
15d. ROWPU ID	LOT #		
19. NON-DRINKING USES: <i>(Select all that apply)</i> <input type="checkbox"/> Personal Hygiene <input type="checkbox"/> Showering <input type="checkbox"/> Cooking <input type="checkbox"/> Recreation <input type="checkbox"/> Other _____			
20. ESTIMATED DRINKING RATE <i>(liters per day)</i> <i>(Select one)</i> <input type="checkbox"/> less than or equal to 5 liters per day <input type="checkbox"/> greater than 5 liters per day <input type="checkbox"/> estimated rate in liters per day _____			
21. pH	22. TURBIDITY	NTU	23. TEMPERATURE
			°C
24. TDS	mg/L	25. TOTAL COLIFORM	26. FAC
			ppm
27. GEOLOCATION <i>Note: Classified locations should not be entered. They should be sent to oehs@usachppm.army.smil.mil along with Sample ID.</i>			
27a. LATITUDE		27b. LONGITUDE	27c. DATUM
27d. MGRS			
		28. SAMPLING SITE GRAPHIC	
18S	UU	83626	01432 Example
29. NOTES <i>(Field Measurements/Observations/Water Quality Description/# and names of Bottled Water Brands)</i>			

## TREATED WATER SAMPLING FIELD DATA SHEET INSTRUCTIONS

1. Sample ID - Sample ID number CCC\_LLLLLL\_MMM\_YYDDD (Sample ID should also be recorded on the sample label.)  
Where: CCC - Country 3 letter abbreviation code.  
LLLLLL - Camp abbreviation (i.e. first six letters of camp name).  
MMM - Water sample number for that camp on that particular day (e.g. 01W, 02W, 03W, etc.)  
YYDDD - jday code, last two digits of the year & three digit julian day of the year (e.g. 05015 for 15-Jan-2005).
2. Country - Country in which location or camp is located.
3. Location - Camp or location of sample.
4. Site - Specific site where sample was collected (i.e. PX, building 51, etc.), if applicable.
5. Operation - Name of operation ongoing in the area of the sample [e.g. Operation Iraqi Freedom (OIF), etc.] if applicable.
6. Sample Date - Date sample was collected (e.g. 20010515). (Sample Date should also be recorded on the sample label.)
7. Sample Time - Time sample was taken (e.g. 16:00). (Sample Time should also be recorded on the sample label.)
8. Collecting Unit - Unit collecting the sample (e.g. AML, 71st MEDDET, NEMPU2 etc.).
9. Collector's Name - The name of the person collecting the sample.
10. Collector's Phone No. - The phone number of the person collecting the sample.
11. Collector's Email - The email address of the person collecting the sample (e.g. john.doe@us.army.mil).
12. Percent of Personnel Exposed - What percentage of servicemembers at the site could be exposed to the water source?
13. Exposure Duration - How long are servicemembers expected to stay at the location where the sampling is being conducted?
14. Exposure Notes - Any notes or comments related to servicemember's exposure to the sampled water.
15. Water Type - (Select One and Complete 15a-15d) ROWPU - Water treated by a Reverse Osmosis Water Purification Unit (ROWPU). Municipal - Water treated by a municipal process (e.g. coagulation, flocculation, settling, filtration, etc.). Disinfected Fresh - Untreated fresh water (e.g. well water) that has been disinfected. Bottled - Water bottled by a DOD commercial supplier.

Water Type	ROWPU, Municipal, Disinfected Fresh	Bottled
15a	<b>Operating Unit:</b> Military, Contractor or Civilian unit operating the water treatment	<b>Manufacturer:</b> Bottled water manufacture (e.g. Coca-Cola)
15b	<b>Source of Water:</b> The source of the water being treated (e.g. river, lake, town name)	<b>Bottling Location:</b> Location where water was bottled.
15c	<b>Primary Treatment:</b> (e.g. coagulation, flocculation, settling, filtration, etc)	<b>Brand:</b> Bottled water brand (e.g. Dasani)
15d	<b>ROWPU ID:</b> The ROWPU unit serial number	<b>Lot#:</b> Lot number of bottled water sampled

16. Collection Point - Actual place where sample is collected. (Select all that apply)  
T- Tap/Faucet, B - Water Buffalo, WT - Water Tanker, WB - Water Blivet, DS - Distribution System, TF - Treatment Facility, ROWPU - Reverse Osmosis Water Purification Unit.
17. Water Use - Is water used for drinking or non-drinking? [Select One. If 17.b (Secondary Drinking) is selected complete 18. If 17.c (Non-Drinking) is selected complete 18. and 19.].
18. Identify the primary drinking water source(s): Provide description of the primary drinking water source(s).
19. Non-Drinking Uses - What are other uses of water? Select all that apply and add other uses not listed.
20. Estimated Drinking Rate - (Select One): Less than or equal to 5, greater than 5 or if known the estimated drinking rate in LPD.
21. pH - The initial pH of the water before the sample is taken or before preservatives are added, if known.
22. Turbidity - The initial turbidity of the water being sampled in NTU, obtained from on-site testing.
23. Temperature - The initial temperature of the water in degrees Celsius, obtained from on-site testing.
24. TDS - The initial total dissolve solids in milligrams per liter (mg/L), obtained from on-site testing.
25. Total Coliform - The initial total coliform count from on-site bacteriological testing.
26. FAC (free-available chlorine) - The initial FAC of the water being sampled in ppm, obtained from on-site testing.
27. Geolocation (Classified locations should not be entered. They should be sent to oehs@usachppm.army.smil.mil with Sample ID).
- 27a. Latitude - Sample latitude location in decimal degrees [from GPS].
- 27b. Longitude - Sample longitude location in decimal degrees [from GPS].
- 27c. Datum - Datum from map or GPS used (e.g. WGS84, etc.).
- 27d. MGRS - Location in Military Grid Reference System from GPS, ten digit grid with grid square identifier. A MGRS is made up of 5 parts: 1) A zone, 2) latitude band, 3) MGRS square, 4) an easting, and 5) a northing (e.g. 34 T EN 12345 67890).
28. Sampling Site Graphic - Any graphical or pictorial description of the sampling site. May include digital picture(s) of the sampling. Digital picture(s) should be sent to oehs@apg.amedd.army.mil with Sample ID.
29. Notes - Notes related items like 1) field measurements, 2) observations of the area, 3) water quality description, 4) water distributions system, 5) unusual circumstance, weather, potential pollution sources, etc.